



Bib Data Sheet



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SERIAL NUMBER 09/525,244	FILING DATE 03/15/2000 RULE	CLASS 705	GROUP ART UNIT 2768	ATTORNEY DOCKET NO. —
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APPLICANTS

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*None - RWM***** CONTINUING DATA** *None - RWM***** FOREIGN APPLICATIONS** *None - RWM***IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ****

** 05/15/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY DC	SHEETS DRAWING 5	TOTAL CLAIMS 46	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged Examiner's Signature <i>Robert Morgan RWM</i> Initials				

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TITLE

Patient-controlled medical information system and method

FILING FEE RECEIVED 579	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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